

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27913

Registration District No. 84

Primary Registration District No. 5131

Registrar's No. 348

1. PLACE OF DEATH:

- (a) County Butler
(b) City or town rural - Williamsville Mt. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community life
years, months or days)

3. (a) PRINT
FULL NAME Clarence Allen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ethel Allen 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased December 27 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Butler County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business self

- MOTHER FATHER { 12. Name M. M. Allen
13. Birthplace Merder Co, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Louise Mess
15. Birthplace Butler County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. M. Allen
(b) Address Williamsville, Missouri
17. (a) burial (b) Date thereof Sept. 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blackriver Cemetery

18. (a) Signature of funeral director Greer - Grov
(b) Address Poplar Bluff, Missouri
19. (a) 9-10-41 (b) Beale Kinne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 1 Williamsville
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2
year 1941 hour 3:00 minute 30 am.

21. I hereby certify that I attended the deceased from
August 31, 1941 to August 31, 1941
that I last saw him alive on August 31
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 1 yr
Tubercular Colitis June 1941

Due to Cardiac Decompensation Sept 10-41

Due to 1312
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) _____
(e) Means of injury _____
23. Signature E. L. Qualls (M.D. or other) _____
Address Poplar Bluff, Mo. Date signed 9-6-41

RECEIVED

District Health Office No 2,

District File Number 941-1278

Date Filed 9/11/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Wallace N. Fitch

Licensed Embalmer No. 3659

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.